

HPF-DOS-014  
Rev: 6  
Date: 12/12/03  
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Radiation Control Office  
Thomas Jefferson National Accelerator Facility  
Radiation Exposure Investigation Report

Applicable to Procedure  
HPP-DOS-012

**Personal Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

TLD Wear Period \_\_\_\_\_

Home Address: \_\_\_\_\_

Badge Rack: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Employment Information:**

TJNAF Employee \_\_\_\_\_ User \_\_\_\_\_ Contractor \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

TJNAF Mail Stop: \_\_\_\_\_ Phone: \_\_\_\_\_

**TLD Report Data:**

Badge No.	Type*	Deep	Eye	Shallow	Neutron

\*P = permanent

T = temporary

**Circumstances Requiring Investigation:**

☐ Lost or missing TLD (Date of Loss \_\_\_\_\_)

☐ Damaged TLD

☐ Suspected inaccuracy in the exposure report

☐ Exposure discrepancies

☐ Other

Circumstances of when and where badge was found:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Analysis:**

Area(s) entered (include date and time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of work in area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Analysis (continued):**

Pocket dosimeter reading (if available): \_\_\_\_\_ mR

Others with whom the individual worked:

Name	TLD No.	Badge Rack	PD Reading	TLD Reading

**Conclusion:**

- ☐ Routine Monitored Exposure (check this box only if no adjustments are necessary).
- ☐ Other (Explain – include dates, places, length of time and radiation levels. Attach extra sheets if necessary).

**Dose Assignment:**

- ☐ No adjustment necessary
- ☐ Add \_\_\_\_\_ mRem to records.
- ☐ Subtract \_\_\_\_\_ mRem from records
- ☐ Investigation terminated due to insufficient information.

Comments:

**Signatures:**

By signing, I indicate that I understand that a qualified member of the Radiation Control Group will be making an estimate of the dose I received during the period in question. I understand that I have the right to have full access to this record and to all my records.

Badge Holder: \_\_\_\_\_

Date: \_\_\_\_\_

RadCon Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Head of the RCG: \_\_\_\_\_

Date: \_\_\_\_\_